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"pending" in the court unless otherwise indicated; with additional information on these related action(s) attached hereto and incorporated herein by this reference:

Elmer Parolini and Elizabeth Parolini v. Asbestos Defendants, San Francisco Superior Court of the State of California, Case No. 274101; Claim of the Asbestos Injured Party for his personal injury and his spouse for Loss of Consortium. This case is active, pre-trial.

- 3. SUBMISSION OF STATEMENT OF CASE STATUS
- A. Plaintiff identifies the following defendants as non-bankrupt and unsettled the above stated plaintiff has pled against: GENERAL ELECTRIC COMPANY
- В. Plaintiff has achieved resolution of plaintiff's claim with the following defendants: Not applicable.
- C. Plaintiff now desires to dismiss from Plaintiff's action the following Defendants: Not applicable.
- D. Plaintiff identifies the following defendant(s) as currently in bankruptcy: Not applicable.
- 4. SUBMISSION OF MEDICAL REPORTS

Plaintiff submits that attached medical diagnosing report / opinion based upon objective and subjective data which is identified and descriptively set out within the report / opinion which will withstand a dispositive motion, and is based on objective and subjective data which is identified and descriptively set out within the report / opinion.

5. ALTERNATIVE PLAINTIFF SUBMISSION

Not Applicable.

TIMING REOUIREMENTS 6.

Above plaintiff's action was filed on May 14, 2007 making this submission due on or before August 1, 2007.

7. **SCREENED CASES** 

Plaintiff's claims are not the result of a mass screening.

8. **EXCLUSIONS** 

This case is not designated as 2MDL 875 (MARDOC).

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#### 9. SETTLEMENT CONFERENCE / SUGGESTIONS OF REMAND

Plaintiff asks that a settlement conference be set in this matter and seeks remand of this case back to the originating court.

#### 10. MANNER OF SUBMISSIONS

In accordance with FRCivP Rule 5, a copy of the foregoing submission is served upon all parties in this above-identified action (Case No.C07-2542-JL) pursuant to the local rules of the United States District Court for the Northern District of California, upon filing with that Court, using that Court's transmission facilities by means of the Court's CM/ECF (Case Management / Electronic Case Filing) system.

Dated: 7/10/07

BRAYTON❖PURCELL LLP

By:

David R. Donadio

Attorneys for Plaintiff Elmer Parolini

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STATEMENT OF CASE STATUS -- MDL DOCKET NO. 875

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# DEFENDANTS IN RELATED COURT ACTION

3 ALLIS-CHALMERS CORPORATION PRODUCT LIABILITY TRUST ASBESTOS CORPORATION LIMITED 4 BUCYRUS INTERNATIONAL, INC. CROWN CORK & SEAL COMPANY, INC. 5 THOMAS DEE ENGINEERING CO., INC. FOSTER WHEELER LLC 6 GARLOCK SEALING TECHNOLOGIES, LLC OWENS-ILLINOIS, INC. 7 PARKER-HANNIFIN CORPORATION 8 PLANT INSULATION COMPANY QUINTEC INDUSTRIES, INC. 9 RAPID-AMERICAN CORPORATION THORPE INSULATION COMPANY 10 UNIROYAL HOLDING, INC. VIACOM, INC. 11 WESTERN MacARTHUR COMPANY MacARTHUR COMPANY 12 WESTERN ASBESTOS COMPANY INGERSOLL-RAND COMPANY 13 HOPEMAN BROTHERS, INC. J.T. THORPE & SON, INC. 14 METROPOLITAN LIFE INSURANCE COMPANY 15 **GATKE CORPORATION** AMERICAN CONFERENCE OF GOVERNMENTAL INDUSTRIAL HYGIENISTS, INC. UNDERWRITERS LABORATORIES, INC. 16 PNEUMO ABEX LLC

AND

Defendants.

and DOES 1-8500.

KENTILE FLOORS INC
BOISE CASCADE CORPORATION
SB DECKING INC
FRASER-EDWARDS COMPANY
IMO INDUSTRIES INC

Elmer Parolini and Elizabeth Parolini vs. Asbestos Defendants (B&P)
San Francisco Superior Court

# DONALD BREYER, M.D., F.A.C.R.

Certified ILO B Reader

6861 Gunn Drive Oakland, CA 94611 (510) 339-9204 Fax: (510) 338-0069

February 9, 2007

#### PAROLINI, ELMER

**EXAMINATION:** A high resolution CT scan of the chest including conventional and prone high resolution images. Lack of conventional images limits comprehensive evaluation of the chest. The study is otherwise technically adequate. The study is performed at West Valley Rainbow on 1/31/07.

**DATE OF EXAMINATION:** January 31, 2007

In the nondependent lung fields on the prone high resolution images some changes of thickened, irregular interlobular septa are noted bilaterally.

Extensive changes of calcified chest wall and diaphragmatic pleural plaque are present bilaterally. Some of the chest wall plaques measure over 1 cm in thickness.

There is a pleural-based ovoid nodule present in the right lung apex and this measures about  $10 \times 15$  mm. Changes of architectural distortion and parenchymal band formation are noted at the right lung base and in the left mid lung field. These are noted in association with large chest wall pleural plaque. There appear to be some prominent mediastinal lymph nodes.

#### IMPRESSION:

THE PARENCHYMAL FINDINGS PRESENT ARE COMPATIBLE WITH MILD INTERSTITIAL FIBROSIS. THE DISTRIBUTION AND APPEARANCE ARE COMPATIBLE WITH ASBESTOS RELATED INTERSTITIAL FIBROSIS.

THICK, DENSELY CALCIFIED CHEST WALL AND DIAPHRAGMATIC PLEURAL PLAQUES NOTED BILATERALLY. THIS FINDING IS PATHOGNOMONIC OF ASBESTOS RELATED PLEURAL DISEASE.

OVOID SOFT TISSUE DENSITY IN THE RIGHT LUNG APEX WITH PROMINENT MEDIASTINAL LYMPH NODES. FURTHER EVALUATION IS RECOMMENDED TO RULE OUT MALIGNANCY

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Case 3:07-cv-02542-SI Document 44 Filed 07/19/2007 Page 6 of 9

# R.D. PRABHU-LATA K. SHETE, M.D.'S, LTD

RED ROCK MEDICAL GROUP ELDORADO MEDICAL CENTER RED ROCK PAHRUMP MEDICAL CENTER

#### Parolini, Elmer

Date: 03/05/2007 Followup Visit Gender: Male

Date of Birth: 07/23/1918

## **Chief Complaint**

• Abnormal CT scan of the chest.

## **History of Present Illness**

The patient recently had CT scan of the chest done and is found to have an ovoid lesion in the right lung apex with prominent mediastinal lymphadenopathy. He has a history of asbestosis. We are concerned about malignancy. I feel it is best to evaluate him further a PET scan. This should be followed by a needle biopsy of the right upper lobe lesion. He denies any history of fever, chills, chest pain, or hemoptysis. He continues to have problems with shortness of breath secondary to asthma. He denies any history of anorexia or weight loss.

#### **ALLERGIES**

None.

#### **Medications**

Fosamax, Voltaren, Advair, and albuterol.

# **History Review & Problem List**

Past Medical History:

Arthritis.

Past Surgical History:

- Tonsillectomy.
- Appendectomy.

# **Social History**

- The patient has history of occupational exposure to asbestos.
- He smokes three cigarettes per day for 20 years. Total amount of cigarette smoking is three pack years.

# **Family History**

- The patient's mother had asthma.
- His sister had liver disease.

# **Positive Findings from REVIEW of SYSTEMS**

- The patient denies weight loss or weight gain.
- He denies loss of vision, hearing loss, tinnitus, nosebleed, or bleeding gums.
- He denies hemoptysis or pleurisy.
- The patient denies chest pain, palpitations, or heart failure.
- He denies constipation, diarrhea, jaundice, or bleeding per rectum.
- The patient denies dysuria or hematuria.
- He denies syncope or seizures.
- Negative except as noted in HPI.

Case 3:07-cv-02542-SI Document 44 Filed 07/19/2007 Page 7 of 9

# R.D. PRABHU-LATA K. SHETE, M.D.'S, LTD

RED ROCK MEDICAL GROUP ELDORADO MEDICAL CENTER RED ROCK PAHRUMP MEDICAL CENTER

## SYSTEMS REVIEW {Reviewed Categories 1 through 14}

- 1. Constitutional: Weight loss, weight gain, fever, chills, and sweats.
- 2. Eyes Ears, Nose, Mouth, Throat: Double vision, blurred vision, pain in eyes, redness, loss of vision in one eye or both eyes, headache, pain, stiffness, swelling, glasses, hearing loss, tinnitus, dry nose, nosebleed, bleeding gums, and hoarse voice.
- 3. Respiratory: Dyspnea, cough, sputum production, asthma, hemoptysis, pneumonia, and pleurisy.
- 4. Cardiovascular: Chest pain, angina, orthopnea, palpitations, murmur, heart failure, pain in legs, ulcers, and phlebitis.
- 5. Gastrointestinal: Altered appetite, trouble swallowing, nausea, vomiting, altered stools (blood etc.), constipation, jaundice, and family history of colon cancer.
- 6. Urogenital: Trouble passing urine, blood in urine, discharge, and potency loss of libido.
- 7. Musculoskeletal: Pain, tenderness, fractures, cramps, weakness, joint swelling, and injuries.
- 8. Neurological: Syncope, seizures, dizziness, stroke, tremor, weakness, memory problems, and depression.
- 9. Sleep: Sleepiness in daytime, naps frequently, nocturnal awakenings, snoring, early morning fatigue, awakening dry mouth, awakening with headache, and bed partner reported apnea.
- 10. Integumentary: Rashes, sores, hives, and dark moles.
- 11. Hematological/Lymphatic: Anemia, easy bruising, cancer, and frequent infections.
- 12. Allergic/Immune: Nasal stuffiness, nasal discharge, itchy eyes, fatigue, sneezing, malaise, and frequent infections.
- 13. Endocrine: Thinning hair, loss of hair, thick hair, weight gain, weight loss, osteoporosis, thyroid problems, and adrenal insufficiency.
- 14. Psychiatric: Depression, flight of ideas, and hallucinations.

#### PHYSICAL EXAM

**VITAL SIGNS** 

Height(in)	Weight(lb)	Temp(°F)	Pulse/(min)	Resp/(min)	BP sys	BP diast
5′10″	159	97.5	57		162	83

Vital Signs: SpO<sub>2</sub> is 97%.

General: The patient is a well-built, well-nourished white male who looks

chronically ill.

HEENT: Atraumatic. Normocephalic. Pink conjunctivae. Anicteric sclerae. Moist

mucosa.

Neck: Supple. No jugular venous distention. No adenopathy. No thyromegaly.

Chest: Rhonchi are heard on auscultation.

Heart: S1 & S2 regular rate and rhythm. No rub, clicks, murmurs.

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# R.D. PRABHU-LATA K. SHETE, M.D.'S, LTD

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Abdomen: Soft and benign without organomegaly. No tenderness, guarding, or

rebound. Bowel sounds well heard.

Genitalia: Not examined.

Extremities: No cyanosis. No clubbing. No edema.

Back: No CVA or spinal tenderness.

Skin: No rashes. No subcutaneous nodules.

Neurological: The patient is alert, awake, and oriented to time, place, and person.

Recent and remote memory is good. Mood and affect are appropriate. Cranial nerves are intact. Deep tendon reflexes are normal. Babinski is

negative. Sensation is intact.

# **DIAGNOSTICS**

05/07/2002:

 Pulmonary function tests revealed evidence for mild obstructive ventilatory impairment. Diffusion capacity is within normal limits. Following bronchodilator therapy, there is improvement in maximum mid expiratory flow rates. The patient's airway resistance has somewhat increased.

#### **ASSESSMENT**

- 1. Right upper lobe lesion.
- 2. Mediastinal lymphadenopathy.
- 3. Asbestosis.
- 4. Must rule out carcinoma of the lung.

#### **PLAN**

- We will proceed with a PET scan followed by needle biopsy of the right upper lobe lesion.
- Diet and exercise advice is given.

Discussed and reviewed with the patient the indications for and the side effects of the medication. Patient is instructed to go to the nearest emergency room for any medical emergencies. If patient should have any unexpected medical problems then the patient should return to the office as soon as possible.

Follow-up: One month or sooner if needed.

R. D. Prabhu, MD

R. D. Frake

PS: The dictation has not been edited and is subject to transcription variance.

# 

#### CERTIFICATE OF SERVICE

I am employed in the County of Marin, State of California. I am over the age of 18 years and am not a party to the within action. My business address is 222 Rush Landing Road, P.O. Box 6169, Novato, California, 94948-6169.

On the date indicated below, I served the foregoing Statement of Case Status and attachments upon all counsel of record pursuant to the local rules of the United States District Court for the Northern District of California, upon filing with that Court, using that Court's transmission facilities by means of the Court's CM/ECF (Case Management / Electronic Case Filing) system.

On this \_\_\_\_\_ day of July 2007

/s/ John Derby

John Derby

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